WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults participating in the event.

Acknowledgment and Assumption of Risk I am aware of the dangers and the risks to my person and property involved in participating in:	
In consideration for being allowed to voluntarily pa myself, my personal representatives, heirs, next of ki	rticipate in the above-referenced event, on behalf of n, successors and assigns, I hereby:
a. waive, release and discharge the State of North Dakota and its agencies, officers, and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the activity or event; and b. indemnify, save, and hold harmless the State of North Dakota and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during this activity or event.	
accident or illness during this activity or event.	ch may be deemed advisable in the event of injury, This release, indemnification, and waiver shall be tion, and waiver to the maximum extent permissible
agreement. I have read this form and fully underlegal rights and/or remedies which may otherwise b	e least 18 years of age and am freely signing this erstand that by signing this form I am giving up the available to me regarding any losses I may sustain cortion is held invalid, the remainder will continue in
READ BEFORE SIGNING	
Name:	
Signature:	Date:
Witness	Date: